

Prevalence of Gender-Based Violence among Pregnant Women attending Antenatal Care at a Tertiary Health Institution in Benin City, Nigeria

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Abstract

Objective: The aim of the study was to determine the socioeconomic/demography and prevalence of gender-based violence among pregnant women attending antenatal care clinic (ANCC) at University of Benin Teaching Hospital (UBTH), Benin City, Nigeria.

Methods: Descriptive cross-sectional study was carried out to study the socioeconomic/demography and prevalence of gender-based violence among pregnant women attending antenatal care clinic at UBTH. To achieve this, questionnaire method was used to collect the necessary data. A self-administered questionnaire with closed ended questions were implored.

Study Limitation: In this study, one of the major constraints is that respondents were only women attending antenatal clinic at University of Benin Teaching Hospital (UBTH), Benin City, Nigeria. This means that the respondents might not represent the entire Nigerian population of pregnant women and what others might be experiencing in other parts of Nigeria.

Results: It was quite evident that the age range of the respondents was 15-54 years while 25-34 years were the majority of the respondents; age range of 45-54 years were the least. The prevalence of emotional abuse in the study was 22.0%, that of physical abuse was 22.9%, the prevalence of respondents being hit, slapped, kicked or hurt physically during pregnancy was 7.3%. The prevalence of respondents being forced to have sexual activities in the last 12 months was 2.8%. The prevalence of respondents scared of anyone was 2.3%.

Conclusion: The study established the different forms of GBV to include emotional violence, physical violence and sexual violence, amongst others.

Keywords: gender-based violence, pregnant women, emotional abuse, convenience sampling.

Introduction

Gender based violence has since been recognized as a major cause of miscarriages or stillbirths, (1) as well as maternal deaths during childbirth (2). Gurung and Acharya (3) studied the factors associated with gender-based violence among pregnant women attending antenatal care clinic (ANCC), wherein a cross-sectional study among 202 pregnant women using semi-structure questionnaire with face to face interviews. They found out that the prevalence of gender-based violence (GBV) to be 91.1% in their study. Furthermore, the socio-demographic variables such as ethnicity, religious, the age of respondents, the age of marriage, occupation, and annual income had no association with the

experience of different types of GBV. However, there was a statistically significant association between husband's education, the age of marriage and type of marriage. Audi, Segall-Correa, Andrade and Perez-Escamilla (4) carried out a study among 1,379 pregnant women to identify the factors associated with domestic violence against pregnant women. Their study identified a case of adolescent intimate partner violence and the pregnant woman had witnessed physical aggression before she was fifteen years old. In addition, intimate partner using drugs and not employed. In addition to that, they identified low level of education of the pregnant woman and the pregnant woman being responsible for the family. (5) conducted a study to determine the factors associated with domestic violence during

pregnancy and reported positive association with a history of family violence, a greater number of sexual partners and being a smoker.

In (6) study among pregnant women in a tertiary care centre found out that of 635 pregnant women screened for intimate partner violence, 52.8% underwent one form of domestic violence or the other. The socio-demographic factors of husbands such as economically not independent, unemployed, as well as habits such as alcohol taking and smoking was associated with domestic violence. In (7) study of 2018, 83% respondents faced violence by their male partners, 87.5% of the respondents explained that their husbands took drugs. About 50% respondents accepted that their husbands faced violence in their childhood. (8) screening interviews to determine the extent of physical abuse were conducted for 742 women seen in the University of Virginia obstetric clinics. Eighty-one women (10.9%) reported that they had experienced abuse at some point in the past. (9) reported 79% exposed to verbal abuse, 41% physical abuse. A study (10) reported overall intimate partner violence: Lifetime as 60%, low socioeconomic levels were associated with men's increased likelihood of perpetrating IPV. Alcohol and drug use, sexually transmitted disease infection, poor mental health, and holding attitudes supportive of wife beating were predictive of intimate partner violence perpetration.

Broad objective

To determine the prevalence and forms of gender-based violence among pregnant women attending antenatal care clinic (ANCC) at University of Benin Teaching Hospital (UBTH), a tertiary health institution in Benin City, Nigeria.

Specific objectives

1. To determine the prevalence of GBV among pregnant women who attend ANCC at UBTH.
2. To determine the socio-demographic characteristics of the pregnant women who attend ANCC at UBTH.

3. To determine the different forms of GBV experienced among pregnant women who attend ANCC at UBTH.

Research questions

1. What is the prevalence of GBV among pregnant women attending antenatal clinic at UBTH, Benin City, Nigeria?
2. What is the socio-demographic characteristics of the pregnant women who attend ANCC at UBTH?
3. What are the different forms of GBV among pregnant women attending antenatal clinic at UBTH, Benin City, Nigeria?

Methodology

Research design

Descriptive cross-sectional studies were carried out to study the prevalence of gender-based violence among pregnant women attending antenatal care clinic at UBTH. To achieve this, questionnaire method was used to collect the necessary data. A self-administered questionnaire with closed ended questions was employed.

Research site

The research was carried out at University of Benin Teaching Hospital (UBTH), Benin City, Nigeria. Benin City is an urban town situated in South-South Nigeria. Its coordinates are 6^o20'00''N 5^o37'20''E.

Target population

The target population was the total number of pregnant women who attended antenatal clinic in the University of Benin Teaching Hospital (UBTH).

Sampling techniques

Non-random sampling technique was used, particularly the convenience sampling method with particular reference to the typical and quota sampling (11 Alvi, 2016, 12 Taherdoost, 2016). The typical case being pregnant women attending ANC Clinic at UBTH with 14 cases each day with the total of 70 in a week and so in five weeks were sampled 354 cases, having sampled 74 cases the last week.

Sample size determination

The sample size was estimated according to the formula given by (13). Using the Equation below

$$n = p (100-p) Z^2 / E^2$$

where

n= required sample size

p= percentage occurrence of a state

E= percentage maximum error required, which is 5%

Z= the value corresponding to level of confidence interval required, which is 1.96

Substituting in the equation above

$$n = 36 (100-36) 1.96^2 / 5^2$$

$$= 353.9 \text{ approximately } 354.$$

The sample size was calculated to be 354.

Inclusion and exclusion criteria

Pregnant women attending antenatal care clinic at UBTH who were willing to participate and completed the consent form, met the inclusion criteria. Pregnant women who do not attend antenatal care clinic at UBTH. ate; met the exclusion criteria.

Methods of data collection

Data for the research was collected from primary sources. The primary data was collected using structured questionnaire to gather raw data and first-hand information from the pregnant women who were attending antenatal clinic.

Technique

Valid assessments and screening tools for evaluating pregnant women for intimate partner violence were used (14;15). The measurement instrument constituted a self-structured questionnaire which was self-administered to eligible pregnant women. questionnaire was designed to generate the data that clarified challenging and perplexing issues in this study, (16). The questionnaires were administered face to face to the respondents by the researchers (This method of administration was adopted so that the researchers are available to explain points the respondents cannot understand. This approach did increase response and questionnaire completion rate and reduced interviewee's bias as they answered the questions without any external influence. The questionnaire was made up of items grouped into two sections: A and B. Section A contains twelve items meant to generate information on the respondents' socio-

demography; Section B is made up of fifteen item questions meant to generate information on violence from husband to wife.

Survey instrument

The standard survey instrument was a structured questionnaire prepared in line with valid assessments and screening tools for evaluating pregnant women for intimate partner violence (16;14; 17). This tool was made of the Abuse Assessment Screening (AAS), it is one of the most widely used GBV screening tool used for pregnant women and Questionnaire is designed to obtain information about the study objectives from respondents (see Appendix 3). The choice of using the questionnaire is based on the effectiveness of the instrument to obtain diverse opinions and views from respondents. Necessary assessments and screening tools for evaluating pregnant women and intimate partner violence would be adapted (16; 14; 17).

The abuse assessment screening tool (AAS Tools) is a clinical instrument which is used to measure frequency, severity, and perpetrator of abuse against women (14): a guide for clinicians on intimate partner violence during pregnancy (16). In addition, the HITS: a short domestic violence screening tool for use in a family practice setting. (17) were adopted in this research. The most widely used IPV screening tools in pregnant women which is the AAS Tool is a short five-questions open-ended questionnaire used for screening pregnant women for IPV. The RADAR is acronym for the steps involved in the tool or method. Tool helps to summarize important steps for physicians to take to recognize and treat patients affected by IPV. The steps involved in RADAR tool include, (1) **Routinely** screen adult patients, (2) **Ask** direct questions, (3) **Document** your findings, (4) **Assess** patient safety, and (5) **Review** options and referrals. This method has been common for rapid screening and probes across various medical, community and legal based institutions. Find its reasons for use in (18).

Ethical clearance

Ethical clearance and approval were obtained from Ethics and Research of University of Benin Teaching Hospital (UBTH) in Benin City, Nigeria before the research was carried out. Individuals who agreed to participate were given written consent form to sign. Confidentiality was

maintained by omitting names or identity of individuals interviewed because of the sensitivity of the individuals interviewed. The study procedures followed (19) WHO (2001) Ethical Safety Recommendations for research on domestic violence against women. Minimal psychological risks were ensured during participation in the study by not asking women to recall acts of violence perpetrated against them.

Confidentiality was assured the respondents. The interview was conducted in a private space at the clinics. Privacy was maintained in the conduct of the interview as space for names were omitted in the questionnaires.

During the recruitment process, women were informed about the study aim, their right to decide not to participate and were informed that their participation or non-participation would not affect their access to quality health services. Participants' written consent was gotten by signing of the consent forms. During the recruitment exercise, participation in the study was voluntary and they could withdraw their participation anytime.

A procedural pilot study at Central Hospital Benin City, Nigeria, was undertaken with 36 respondents with the aim of identifying the strengths and weakness in the questionnaires and research plan in order to improve the main study, (20).

Data analysis

The raw data was edited to remove errors and omission after which corrections were made. Coding was done by assigning a number to the responses so that the respondents are put into categories. After the coding, classification and tabulation was carried out. Data was classified based on socio-demographic characteristics such as age, religion, educational background and other common responses.

Analysis was done using the SPSS (Statistical Packages for Social Sciences) software version 23. The data collected was subjected to some statistical analysis namely, frequency, simple percentage and graphical representation of results.

Description of data

The respondents were women attending the antenatal clinic. However, copies of the questionnaire were personally administered to pregnant women that were willing to participate.

The results were organized under the following thematic sections, socioeconomic/demographic characteristics of respondents, prevalence of GBV, forms of GBV, causes of GBV, effects of GBV on women and causes of GBV on women.

Results

Socio-demographic Characteristics of the Respondents

The socio-demographic characteristics of the respondents' characteristics is shown on Table 1. From the research findings it was evidential that the age range of the respondents was 15-54 years. The majority of the respondents were of the 25-34years age group (65.80%), the higher education had the highest number of respondents (85%), being able to read and write had the highest percentage of 96.30%, Christians were the majority of the respondents of 96%, the married were the majority of the respondents, and those whose married was between 1-5 years were the majority of the respondents representing 41%.

Socioeconomic Characteristics of the Respondents

Figure 1 shows the occupation of the respondents as follows; unemployed composed of 12% of the respondents, 1% were labourers, artisans were 5%, small business / traders were 35%, farmers were 2%, civil servants were 38% and others 7%. It was shown from the study that civil servants (38%) were the majority of the respondents.

Figure 2 shows the monthly income of respondents was as follows; with less than 10,000 Naira monthly income were 13 % of the respondents, 10,001-20,000 Naira monthly income were 23 %, 20,001-50,000 Naira monthly income were 23%, 50,001-100,000 Naira monthly income were 15%, above 100,000 Naira monthly income were 18%, and respondent with no monthly income were 8 %. Findings indicated that majority of the respondents (23%) earned monthly income from the range 10,001-20,000 Naira and 20,001-50,000 Naira monthly income (23%) and those who earned no money were 8%.

Prevalence of GBV in the Study

Table 2 shows the prevalence of 22.0% of emotional abuse, and the distribution of the abuse by perpetrators are as follows; husband 56.4%, boyfriend 6.4% strangers 6.4%, others 14.1 %

while respondents who reported multiple perpetrators was 1.3% multiple perpetrators.

Table 3 shows the prevalence of 22.90% of physical abuse, and the distribution of the abuse by perpetrators are as follows; husband 46.9%, boyfriend 18.5% strangers 18.5%, others 16.1 %.

Table 4 shows the prevalence of respondents being hit, slapped, kicked or hurt physically and perpetrators in the last 12 months as 9.0%. The distribution of the perpetrators are as follows, husbands was 78.1%, boyfriend 6.3%, strangers was 3.1%, and others apart from the aforementioned was 12.5%.

Table 5 shows the prevalence of respondents being hit, slapped, kicked or hurt physically and perpetrators during pregnancy as 7.3%. The prevalence distribution is as follows, husband was 88.5%, boyfriend was 3.8% and others was 7.7%.

Table 6 shows the prevalence of respondents being forced to have sexual activities and perpetrators in the last 12 months as 2.8%. The prevalence distribution of perpetrators was as follows, husband was 60.0%, boyfriend was 10.0%, stranger was 20.0% and multiple was 10%.

Table 7 shows the prevalence of respondents scared of anyone as 2.3% and the prevalence of who they are scared of as husband 75% and others 25%.

Discussion

Gender based violence during pregnancy is a serious health issue in that it does not only affect the woman, but the unborn child she is carrying. The present study is aimed at adding to literature on prevalence of GBV on pregnant women by studying the prevalence of gender-based violence among pregnant women attending antenatal care at a tertiary health institution in Benin City, Nigeria. The findings in the present study add to existing literature by establishing the prevalence of emotional abuse as 22.0%, that of physical abuse as 22.9%, the prevalence of respondents being hit, slapped, kicked or hurt physically during pregnancy as 7.3%. In addition, the prevalence of respondents being forced to have sexual activities in the last 12 months as 2.8% and the prevalence of respondents scared of anyone as 2.3%.

The findings in the present study is in agreement with the study of in the study done at Debre Markos in NorthWest Ethiopia (21) where

21% was physical violence and 29.1% was psychological violence, whereas does not agree with the study done at Syangia District, Nepal (3), where 53.8% was psychological violence was 41.8% was sexual violence and 4.3% was physical violence. Banda (22) reported 51% of physical abused of which 42% of the perpetrators were their spouse. The present study does not agree with the study done by Tiwari et al. (23) who reported 73% psychological abuse.

Conclusions

Based on the research findings, the following conclusions were drawn. It was evidential that the age range of the respondents was 15-54 years. It was shown from the study that civil servants (38%) were the majority of the respondents.

The prevalence of emotional abuse in the study was 22.0%, that of physical abuse was 22.9% the prevalence of respondents being hit, slapped, kicked or hurt physically and perpetrators in the last 12 months was 9.0%. The prevalence of respondents being hit, slapped, kicked or hurt physically during pregnancy was 7.3%. The prevalence of respondents being forced to have sexual activities in the last 12 months was 2.8%. The prevalence of respondents scared of anyone was 2.3%.

The study established the different forms of GBV to include emotional or psychological violence, physical violence and sexual violence, amongst others.

Recommendations

Recommendations have been made based on the objectives of the study/research questions and findings as follows.

The first objective was to determine the prevalence of GBV among pregnant women who attend ANCC at UBTH. The study established prevalence and socioeconomic characteristics of pregnant women attending ANCC at UBTH. The second objective was to determine the socio-demographic characteristics of the pregnant women who attend ANCC at UBTH.

The third objective was to determine the different forms of GBV experienced among pregnant women who ANCC at UBTH. The study established the different forms of GBV to include emotional or psychological violence, physical violence and sexual violence, amongst others.

Based on the findings of the present study the following recommendations are made:

1. Strategic and well-focused clerking of pregnant women on their first ANC in every pregnancy to probe who are being emotionally, physically and sexually abused so as to counsel them during ANCC so as to reduce incidence of depression, prevent the increase of low self-esteem in women, eradicate mental health issues as a result of GBV and to reduce or end suicidal tendencies as a result of GBV.
2. Also it is recommended that male partners be encouraged to come for antenatal care visits with their pregnant partners, should listen and partake in talks and education on gender based violence and the right way to treat the girl child should be incorporated into health talks given to pregnant women and their partners with emphasis on the consequences of GBV and legal actions that would be taken against defaulters by law enforcement agencies at state, national and international levels.
3. It is recommended that stringent laws be put in place by governments at state, national and international levels to significantly cut down incidence of abuse and violence in the form of heavy fines and jail time where necessary.
4. It is recommended that there should be more enlightening of the masses concerning GBV with the help of the media, NGO, INGO and government parastatals, improve community awareness and encourage abused women to come forth with their challenges to health workers and law enforcement agencies.

Table 1. Socio-demographic Characteristics of the Respondents

Attributes (Variables)	Frequency	Percentage
Age		
15 - 24 years	19	5.40
25 - 34 years	233	65.80
35 - 44 years	94	26.60
45 - 54 years	08	2.30
Level of Education		
None	03	0.80
Primary Education	05	1.40
Vocational Training	07	2.00
Secondary Education	38	10.70
Higher Education	301	85.00
Reading and Writing Ability		
Read and write	341	96.30
Only read	06	1.70
Only write	03	0.80
None	04	1.10
Religion		
Christianity	340	96.00
Islam	12	3.40
Paganism	01	0.30
Others	01	0.30
Marital Status		
Single	11	3.10
Married	343	96.90
Duration of Marriage		
< 1 year	97	27.40
1 – 5 years	146	41.00
6 – 10 years	74	20.90
> 10 years	26	7.30
Not Applicable (Not married)	11	3.40

Table 2. Prevalence of emotional abuse and perpetrators in the Study

Ever been emotionally abused	Frequency (No of respondents)	Percentage (%)
Yes	78	22.0
No	276	78.0
Total	354	100
By whom		
Husband	44	56.4
Boyfriend	17	21.8
Stranger	5	6.4
Other	11	14.1
Multiple	1	1.3
Total	78	100
Missing No	276	
Total	354	

Table 3. Prevalence of physical abuse and perpetrators in the Study

Ever been physically abused	Frequency (No of respondents)	Percentage (%)
Yes	81	22.9
No	273	77.1
Total	354	100
By whom		
Husband	38	46.9
Boyfriend	15	18.5
Stranger	15	18.5
Other	13	16.1
Total	81	100
Missing No	273	
Total	354	

Table 4. Being hit, slapped, kicked or hurt physically and perpetrators in the last 12 months

In the past 12 months being hit, slapped, kicked or hurt physically	Frequency (No of respondents)	Percentage (%)
Yes	32	9.0
No	322	91.0
Total	354	100
By whom		
Husband	25	78.1
Boyfriend	2	6.3
Stranger	1	3.1
Other	4	12.5
Total	32	100
Missing No	322	
Total	354	

Table 5. Being hit, slapped, kicked or hurt physically and perpetrators during pregnancy

During pregnancy, have you been hit, slapped, kicked, or hurt physically by anyone	Frequency (No of respondents)	Percentage (%)
Yes	26	7.3
No	328	92.7
Total	354	100
By whom		
Husband	23	88.5
Boyfriend	1	3.8
Other	2	7.7
Total	26	100
Missing No	328	
Total	354	

Table 6. Being forced to have sexual activities and perpetrators in the last 12 months

In the last 12 months, been forced to have sexual activities	Frequency (No of respondents)	Percentage (%)
Yes	10	2.8
No	344	97.2
Total	354	100
By whom		
Husband	6	60
Boyfriend	1	10
Stranger	2	20
Multiple	1	10
Total	10	100
Missing No	344	
Total	354	

Table 7. Being scare of anyone and whom

Scare of anyone	Frequency (No of respondents)	Percentage (%)
Yes	8	2.3
No	346	97.7
Total	354	100
Of whom		
Husband	6	75.0
Other	2	25.0
Total	8	100
Missing No	347	
Total	354	

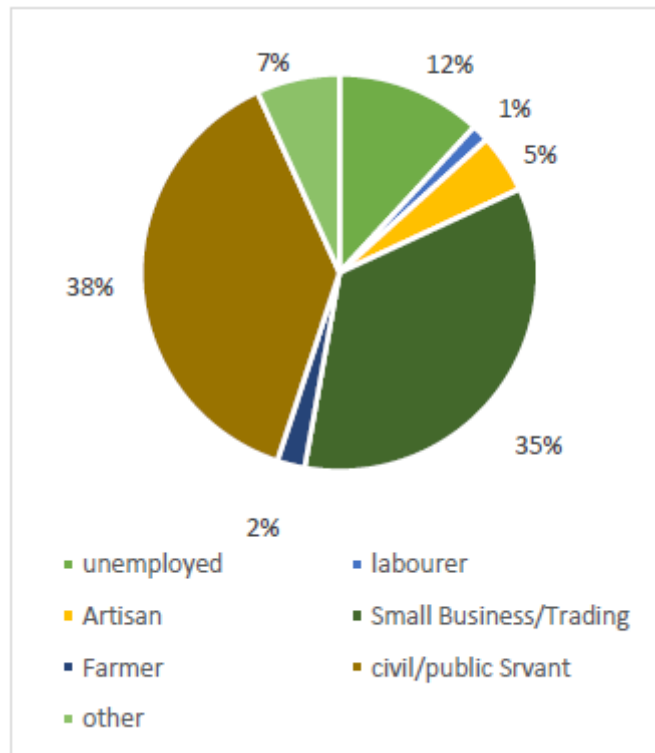


Figure 1a. Occupation of the respondents

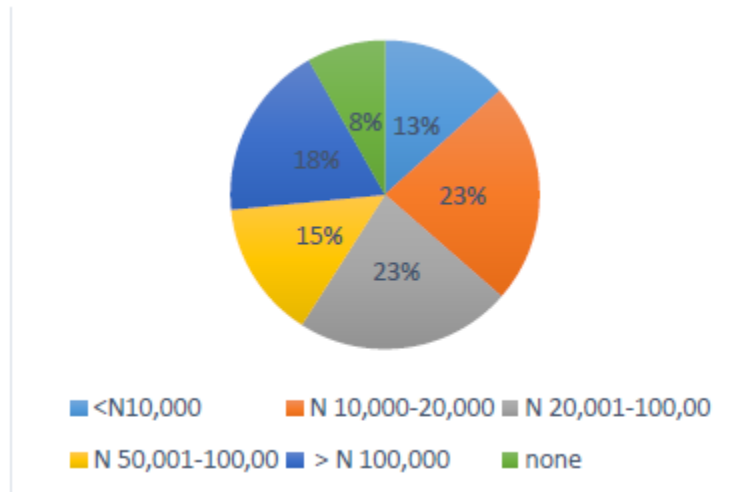


Figure 1b. The monthly income of respondents

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